



School District Intent to Participate in CDTP

P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-1779 • Fax (406) 444-2086 • dojmt.gov/driving

School District: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

District Superintendent Name: _____

CDTP Contact Person Name: _____

Title: _____

CDTP Instructor Name: IF DIFFERENT THAN CDTP CONTACT PERSON (above) _____

Daytime Phone Number: _____

Email Address: _____

Fax Number: _____

Mailing Address of CDTP Instructor: _____

City: _____ State: _____ Zip: _____

1. This school district offers Traffic Education courses as follows:

Fall Semester Spring Semester Summer Semester

2. School districts **must** complete and submit this form 26-0100 School District Intent to Participate, and attach form 26-0200 CDTP Instructor Compliance Affidavit for **each** OPI-approved Traffic Education Instructor employed by your district.

I certify that our instructors have reviewed and will comply with the Cooperative Driver Testing Program (CDTP). I understand the Department of Justice/Office of Public Instruction may conduct random examinations and/or audits without prior notice, and that the DOJ reserves the right to cancel or suspend CDTP approval of an instructor and/or school district for noncompliance.

Signature of Responsible School Official _____ Date _____

Printed Name of Responsible School Official _____ Date _____

Mail completed forms to:
Montana Department of Justice
Motor Vehicle Division - DLB
P.O. Box 201430
Helena, MT 59620-1430

Note: You may fax forms to the number above; however, you must still mail the original document.

Email questions to:
Tammy Stefanik, Deputy Bureau Chief
TStefanik@mt.gov